Complete Summary

GUIDELINE TITLE

Elder abuse prevention.

BIBLIOGRAPHIC SOURCE(S)

Daly JM. Elder abuse prevention. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Dissemination Core; 2004 Dec. 68 p. [111 references]

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Elder abuse including:

- Abandonment
- Emotional abuse/psychological/mental suffering
- Exploitation/financial abuse/misappropriation of property
- Neglect
- Physical abuse
- Sexual abuse

Note: Self-neglect, the failure of an older person to satisfy his or her own basic needs, is excluded from this protocol.

GUIDELINE CATEGORY

Evaluation
Management
Prevention
Risk Assessment
Screening

CLINICAL SPECIALTY

Geriatrics
Nursing

INTENDED USERS

Advanced Practice Nurses
Health Care Providers
Nurses
Social Workers

GUIDELINE OBJECTIVE(S)

To facilitate health care professionals to assess older persons in domestic and institutional settings who are at risk for elder abuse and recommend interventions to reduce the incidence of mistreatment

TARGET POPULATION

Elders in domestic and institutional settings who are at-risk for or victims of elder abuse

INTERVENTIONS AND PRACTICES CONSIDERED

1. Cognitive assessment screen, such as Mini-Mental State Examination (MMSE)
2. Brief screening questions such as, "How are things at home?", "Do you feel safe at home?"
3. Further risk assessment using the following tools:
    - Indicators of Abuse Screen (IOA)
    - Index of Spouse Abuse
    - Partner Violence Screen (PVS)
    - Two Question Abuse Screen
    - Hwalek-Sengstock Elder Abuse Screening Test (H-S/EAST)
    - Risk of Abuse Tool
    - Vulnerability to Abuse Screening Scale (VASS)
    - Suspected Abuse Tool
4. Questioning actual abuse using the following tools:
    - Health, Attitudes Toward Aging, Living Arrangements, and Finances (HALF)
    - Elder Assessment Instruments (EAI)
    - Actual Abuse Tool
    - Questions to Elicit Elder Abuse
5. Patient history and physical assessment
6. Interviewing significant others present with the patient

7. Reporting abuse to appropriative authorities
8. Implementing interventions and services
    - Abuse protection support
    - Respite care
    - Anger control assistance
    - Caregiver support
    - Coping enhancements
    - Counseling
    - Decision-making support
    - Emotional support
    - Family process maintenance
    - Family therapy
    - Patient rights protection
    - Use of support groups
    - Support system enhancement
    - Cognitive Restructuring
    - Communication enhancement (hearing, speech, vision deficits)
    - Environmental management (violence prevention)
    - Financial assistance
    - Health policy monitoring
    - Program development
    - Risk identification
    - Role enhancement
    - Safety surveillance

MAJOR OUTCOMES CONSIDERED

- Incidence and prevalence of elder abuse in the United States
- Effect of respite intervention and social support on caregivers
- Utility of interventions at preventing or reducing risk and incidence of elder abuse

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

The guideline developer performed literature searches using the following sources: Medline, Cumulative Index to the Nursing and Allied Health Literature (CINAHL).

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

The grading schema used to make recommendations in this evidence-based practice protocol is:

A. Evidence from well-designed meta-analysis
B. Evidence from well-designed controlled trials, both randomized and nonrandomized, with results that consistently support a specific action (e.g., assessment, intervention, or treatment)
C. Evidence from observational studies (e.g., correlational descriptive studies) or controlled trials with inconsistent results
D. Evidence from expert opinion or multiple case reports

METHODS USED TO ANALYZE THE EVIDENCE

Review of Published Meta-Analyses
Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

This guideline, Elder Abuse Prevention, was developed from a synthesis of current evidence on elder abuse. Research and other evidence, such as guidelines and standards from professional organizations were critiqued, analyzed and used as supporting evidence for the practice recommendations.

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

This guideline was reviewed by experts knowledgeable of research on elder abuse and development of guidelines. The reviewers suggested additional evidence for selected actions, inclusion of additional practice recommendations, and changes in the guideline presentation to enhance its clinical utility.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The grades of evidence (A-D) are defined at the end of the "Major Recommendations" field.

Assessment Criteria

The following assessment criteria indicate patients who are likely to benefit the most from use of this evidence-based protocol (American Medical Association [AMA], 1992; Bonnie & Wallace, 2003; Dyer, et al., 2000; Lachs, et al., 1994; Lachs, et al., 1997; Shugarman, et al., 2003; Vida, Monks, & Des Rosiers, 2002. Evidence Grade = C)

- Persons with physical, functional, or cognitive impairment
- Persons who have mental illness, alcoholism, or drug abuse problems
- Persons who are socially isolated or have a poor social network
- Persons who are dependent on others
- Persons with a past history of abusive relationships
- Persons with financial or other family problems
- Persons who reside in inadequate housing or unsafe conditions
- Persons who are depressed
- Persons who are in poor health
- Persons whose caregiver is stressed/frustrated with the difficult task of caring for an older person
- Persons whose caregiver has mental illness, alcoholism, or drug abuse problems
- Persons whose caregiver has inadequate financial resources
- Persons whose caregiver has health problems

Assessment Tools, Instruments, and Forms

Several assessment tools are available to assess potential victims of abuse. Screening tools or in-depth assessments are appropriate depending on the practice setting. For example, in a clinic or office setting a few screening questions may be appropriate. In a home setting, where an allegation of abuse has been filed, a simple screening instrument would only be the beginning with a detailed assessment to follow.

Appendix A in the original guideline document contains examples of assessment tools, instruments, and forms to help determine persons who are at-risk for and are victims of elder abuse. The purpose of the tool and instructions for use accompany each. The instruments found in Appendix A include:

- Actual Abuse Tool (Bass et al., 2001)
- Elder Assessment Instruments (EAI) (Fulmer, 2003; Fulmer, & Cahill, 1984; Fulmer & Wetle, 1986)
- Health, Attitudes Toward Aging, Living Arrangements, and Finances (HALF) Assessment (Ferguson & Beck, 1983)
- Hwalek-Sengstock Elder Abuse Screening Test (H-S/EAST) (Neale et al., 1991)
- Index of Spouse Abuse (Hudson & McIntosh, 1981)
- Indicators of Abuse Screen (IOA) (Reis & Nahmiash, 1998)
- Mini-Mental Status Examination (MMSE) (Folstein, Folstein, & McHugh, 1975)
- Partner Violence Screen (PVS) (Feldhaus, et al., 1997)
- Questions to Elicit Elder Abuse (Carney, Kahan, & Paris, 2003)
- Risk of Abuse Tool (Bass et al., 2001)
- Screen for Various Types of Abuse or Neglect (AMA, 1992)
- Suspected Abuse Tool (Bass et al., 2001)
- Two Question Abuse Screen (McFarlane et al., 1995)
- Vulnerability to Abuse Screening Scale (VASS) (Schofield et al., 2002)

Description of the Practice

Interventions

Appropriate interventions for preventing elder abuse include legislation, education, respite, social support, batterer interventions, and money management programs.

Refer to the original guideline document for detailed literature review and discussion of these interventions.

Nursing Diagnoses, Intervention, & Outcomes

Interventions suggested for the prevention of elder abuse may be appropriate for one or more types of abuse. A description of each type of elder abuse and its known prevalence is provided in the original guideline document. Suggested nursing diagnoses, interventions, and outcomes are included below. The nursing diagnoses are not found in the North American Nursing Diagnosis Association (NANDA) classification of nursing diagnoses but were generated for this guideline by the author.

Abandonment

Nursing Diagnosis: Abandonment: Elder

Definition: Intentional and permanent desertion of an elder in any place (such as a hospital, nursing facility, shopping center, or public location) leaving the person

without the means or ability to obtain necessary food, clothing, shelter, health care, or financial support

Defining Characteristics:

- Verbalized report of abandonment
- Observed desertion in a public place
- Observed desertion in an institutional setting
- Refusal of institution to re-admit
- Observed desertion of health care professions assuming patient's care

Related Factors:

- Absence of available significant others or peers
- Advanced age
- Cognitive impairment
- Decreased health status
- Depression
- Functional impairment
- Impaired psychosocial health
- Inadequate financial resources
- Inadequate personal resources
- Physical impairment

Nursing Interventions:

- Abuse Protection Support
- Abuse Protection Support: Elder
- Caregiver Support
- Coping Enhancement
- Decision-Making Support
- Emotional Support
- Risk Identification
- Surveillance: Safety

Nursing Outcomes:

- Abuse Protection

Nursing Diagnosis: At Risk for Abandonment: Elder

Definition: At risk for intentional and permanent desertion of an elder in any place (such as a hospital, nursing facility, shopping center, or public location) leaving the person without the means or ability to obtain necessary food, clothing, shelter, health care, or financial support

Risk Factors:

- Absence of available significant others or peers
- Advanced age
- Cognitive impairment

- Decreased health status
- Depression
- Functional impairment
- Impaired psychosocial health
- Inadequate personal resources
- Physical impairment

Emotional Abuse

Nursing Diagnosis: Emotional Abuse: Elder

Definition: The willful infliction of mental suffering upon an older person

Defining Characteristics:

- No signs may be evident
- Agitation
- Alcohol abuse
- Anger
- Appetite changes
- Confusion
- Depression
- Destructive behavior
- Difficulty forming relationships
- Drug abuse
- Emotional agitation
- Fear
- Inability to converse with health care provider without companion or significant other
- Inadequate financial resources
- Insecurity
- Low self-esteem
- Observed emotional abuse, such as verbal berating, harassment, or intimidation
- Observed threats of punishment or deprivation
- Overly anxious
- Suicidal ideation
- Unusual behaviors such as sucking, biting, or rocking
- Verbalized report of emotional abuse, such as verbal berating, harassment, or intimidation
- Verbalized threats of punishment or deprivation
- Withdrawn (i.e. non-communicative/non-responsive)

Related Factors:

- Advanced age
- Absence of available significant others or peers
- Cognitive impairment
- Decreased health status
- Depression
- Feelings of powerlessness
- Functional impairment

- Impaired psychosocial health
- Inadequate personal resources
- Past history of abusive relationships
- Physical impairment
- Poverty

Nursing Interventions:

- Abuse Protection Support
- Abuse Protection Support: Elder
- Caregiver Support
- Coping Enhancement
- Decision-Making Support
- Emotional Support
- Risk Identification
- Support Group
- Surveillance: Safety

Nursing Outcomes:

- Abuse Protection

Nursing Diagnosis: At Risk for Emotional Abuse: Elder

Definition: At risk for the willful infliction of mental suffering upon an older person

Risk Factors:

- Advanced age
- Absence of available significant others or peers
- Cognitive impairment
- Decreased health status
- Depression
- Feelings of powerlessness
- Functional impairment
- Impaired psychosocial health
- Inadequate personal resources
- Past history of abusive relationships
- Person in a position of trust
- Physical impairment
- Poverty

Exploitation/Financial Abuse/Misappropriation of Property

Nursing Diagnosis: Exploitation: Elder

Definition: The improper or illegal use of an older person's resources (money or property) without his/her consent by any person

Defining Characteristics:

- Changes in banking practices (transfer of funds, addition of name(s) to bank signature card, unauthorized withdrawal with an ATM card, cashing checks without permission)
- Changes in a will or other legal documents
- Forged signature of elder on any financial or legal document
- Improper use of guardianship
- Improper use of power of attorney
- Relatives claiming rights to possessions
- Provision of unnecessary services
- Unexplained disappearance of money or possessions
- Unpaid bills or inadequate care, despite sufficient money available
- Verbal report of items stolen

Related Factors:

- Cognitive impairment
- Decreased health status
- Inability to write
- Loss of person who previously handled person's finances
- Visual impairment
- Vulnerability to pressure or undue influence

Nursing Interventions:

- Abuse Protection Support
- Abuse Protection Support: Elder
- Communication Enhancement: Hearing Deficit
- Communication Enhancement: Speech Deficit
- Communication Enhancement: Visual Deficit
- Financial Resource Assistance

Nursing Outcomes:

- Abuse Protection

Nursing Diagnosis: At Risk for Exploitation: Elder

Definition: At risk for the improper or illegal use of an older person's resources (money or property) without his/her consent by any person

Risk Factors:

- Inability to write
- Visual impairment
- Cognitive impairment
- Vulnerability to pressure or undue influence
- Loss of person who previously handled person's finances

Neglect

Nursing Diagnosis: Neglect: Elder

Definition: The failure of any person having the care or custody of an elder to provide that degree of care, which a reasonable person in a like position would provide

Defining Characteristics:

- Decubitus ulcers
- Dehydration
- Feeling of powerlessness
- Homelessness
- Inadequate clothing
- Inadequate grooming
- Inadequate housing
- Lack of health aids (eyeglasses, hearing aids or dentures)
- Lice/scabies
- Malnutrition
- Observed deprivation
- Observed neglect
- Odor
- Prescriptions not refilled
- Poor personal hygiene
- Unsafe living conditions
- Unsanitary living conditions
- Untreated medical conditions
- Verbalized report of neglect
- Verbalized threats of deprivation
- Weight loss

Related Factors:

- Advanced age
- Absence of available significant others or peers
- Alcohol abuse
- Cognitive impairment
- Confusion
- Decreased health status
- Depression
- Destructive behavior
- Difficulty forming relationships
- Drug abuse
- Emotional agitation
- Fear
- Functional impairment
- Impaired psychosocial health
- Inadequate financial resources
- Low self-esteem
- Insecurity
- Overly anxious
- Physical impairment
- Poverty
- Suicidal ideation

Nursing Interventions:

- Abuse Protection Support
- Abuse Protection Support: Elder
- Caregiver Support
- Coping Enhancement
- Decision-Making Support
- Emotional Support
- Risk Identification
- Surveillance: Safety

Nursing Outcomes:

- Abuse Protection

Nursing Diagnosis: At Risk for Neglect: Elder

Definition: At risk for the failure of any person having the care or custody of an elder to provide that degree of care, which a reasonable person in a like position would provide

Risk Factors:

- Advanced age
- Absence of available significant others or peers
- Alcohol abuse
- Cognitive impairment
- Confusion
- Decreased health status
- Depression
- Destructive behavior
- Difficulty forming relationships
- Drug abuse
- Emotional agitation
- Fear
- Functional impairment
- Impaired psychosocial health
- Inadequate financial resources
- Low self-esteem
- Insecurity
- Overly anxious
- Physical impairment
- Poverty
- Suicidal ideation

Physical Abuse

Nursing Diagnosis: Physical Abuse: Elder

Definition: The willful infliction of any physical pain or injury upon an older person

Defining Characteristics:

- Anger
- Bite marks
- Bone fractures
- Broken eyeglasses
- Bruises
- Burns
- Concussion
- Cuts
- Dehydration
- Depression
- Doctor hopping
- Fear
- Fearful interaction with caregiver
- Lab findings of medication overdose or under-use
- Low self-esteem
- Observed pushing, striking, slapping, or pinching
- Observed force-feeding
- Observed incorrect positioning
- Observed improper use of chemical restraints
- Observed improper use of physical restraints
- Paranoia
- Sudden change in behavior
- Verbalized report of physical abuse
- Withdrawal

Related Factors:

- Advanced age
- Absence of available significant others or peers
- Cognitive impairment
- Decreased health status
- Depression
- Feelings of powerlessness
- Functional impairment
- Impaired psychosocial health
- Inadequate personal resources
- Past history of abusive relationships
- Physically abusive to others
- Physical impairment
- Poverty
- Verbally abusive to others

Nursing Interventions:

- Abuse Protection Support
- Abuse Protection Support: Elder

Nursing Outcomes:

- Abuse Protection

Nursing Diagnosis: At Risk for Physical Abuse: Elder

Definition: At risk for the willful infliction of any physical pain or injury upon an older person

Risk Factors:

- Advanced age
- Absence of available significant others or peers
- Cognitive impairment
- Decreased health status
- Depression
- Feelings of powerlessness
- Functional impairment
- Impaired psychosocial health
- Inadequate personal resources
- Past history of abusive relationships
- Physically abusive to others
- Physical impairment
- Poverty
- Verbally abusive to others

Sexual Abuse

Nursing Diagnosis: Sexual Abuse: Elder

Definition: Act of a sexual nature committed in the presence of an elderly person without that person's informed consent

Defining Characteristics:

- Bruises around breasts or genital area
- Observation of sexual abuse
- Torn or stained underwear
- Unexplained sexually transmitted disease or genital infections
- Unexplained vaginal or anal bleeding
- Verbalized report of sexual abuse

Related Factors:

- Absence of available significant others or peers
- Advanced age
- Cognitive impairment
- Decreased health status
- Depression
- Functional impairment
- Impaired psychosocial health
- Physical impairment
- In contact with someone who has substance abuse problems

Nursing Interventions:

- Abuse Protection Support
- Abuse Protection Support: Elder
- Counseling
- Environmental Management: Safety
- Environmental Management: Violence Prevention
- Risk Identification
- Security Enhancement
- Surveillance: Safety

Nursing Outcomes:

- Abuse Protection
- Abuse Protection: Emotional
- Abuse Recovery: Sexual
- Coping

Nursing Diagnosis: Risk for Sexual Abuse: Elder

Definition: At risk for an act of a sexual nature committed in the presence of an elderly person without that person's informed consent

Risk Factors:

- Absence of available significant others or peers
- Advanced age
- Cognitive impairment
- Decreased health status
- Depression
- Functional impairment
- Impaired psychosocial health
- Physical impairment
- In contact with someone who has substance abuse problems

Implementation of the Practice

In a step-by-step guideline for an individual client, the following assessment and referral protocol is offered for health care professionals. This guideline is appropriate across health care settings for health care professionals admitting or assessing a person (U. S. Department of Health and Human Services, 1996). The health care professional must be familiar with his/her state's legal obligations. Interview person alone in a calm, unhurried manner. An Elder Abuse Algorithm is provided in Appendix B of the original guideline document.

1. Perform a cognitive assessment screen, such as the Mini-Mental State Examination (MMSE) (Folstein, Folstein, & McHugh, 1975). If cognitively intact proceed with the following. If not cognitively intact, answers to the following instruments may be inaccurate but should be completed.
2. Ask initial brief screening questions such as, "How are things at home?" or "Do you feel safe at home?"

Results from the answers to the questions in #2 indicate proceeding as follows:

a. If these questions are answered indicating there are no problems or physical signs of abuse and no suspicion is evident, then stop the assessment.
b. If there is suspicion the person may be at risk for elder abuse, particularly in relationship with a caregiver, then conduct the Indicators of Abuse Screen (Reis & Nahmiash, 1998). For this instrument the patient and significant others are questioned.
c. If these questions indicate there are problems and a family member is involved, continue with either of the following: the Index of Spouse Abuse (Hudson & McIntosh, 1981), The Partner Violence Screen (Feldhaus, et al., 1997), or Two Question Abuse Screen (McFarlane, et al., 1995).
d. If these questions indicate a problem, further risk assessment can be evaluated using the following instruments: the Hwalek-Sengstock Elder Abuse Screening Test or the Risk of Abuse Tool (Bass et al, 2001), Suspected Abuse Tool (Nagpaul, 2001), or the Vulnerability to Abuse Screening Scale (VASS) (Schofield, et al., 2002).
e. Other risk factors for abuse may be evaluated with the following instruments: Geriatric Depression Scale (Yesavage et al., 1982; Sheikh & Yesavage, 1983; Sheikh et al., 1991), Activities of Daily Living (Katz et al., 1963), and Instrumental Activities of Daily Living scales (Lawton & Brody, 1969).

3. After the assessment in Step 2b, 2c, 2d, or 2e, if abuse is suspected, then perform any of the following instruments for direct questions to the alleged victim: Actual Abuse Tool (Bass, et al., 2001), Elder Assessment Instruments (Fulmer, 2003; Fulmer & Cahill, 1984; Fulmer & Wetle, 1986), the HALF Assessment (Ferguson & Beck, 1983), Questions to Elicit Elder Abuse (Carney, Kahan, & Paris, 2003), or the Screens for Various Types of Abuse or Neglect (AMA, 1992).
4. Conduct a patient history, using the appropriate agency or institutional history form. The following are important to include: description of a typical day, recent crises in family life, alcohol and drug use of patient and family members, contacts with persons outside the family, patient's perception of his/her role in the family, any conflict over time, dependent of family alone for financial, physical, and/or emotional support.
5. Conduct a physical assessment, using the appropriate agency or institutional physical assessment form. During the assessment note any injury that is not compatible with the history or an injury that has not be properly cared for. Note evidence of dehydration, malnutrition, or decubitus that may not have an illness-related cause. Note if there may be inappropriate medication administration evidenced by drowsiness or incoherence. Note location of bruising; if it is bilateral, clustered on trunk, morphologically similar to an object, and presence of old and new bruises at the same time.
6. Interview significant other persons that are present with the patient. The following may be important to discuss: description of a typical day, recent crises in family life, alcohol and drug use of patient and family members, contacts with persons outside the family, any conflict over time, patient's dependence on family for financial, physical, and/or emotional support, blaming of patient by caretaker, significant other's perception of patient's role

in the family, patient's support systems, difficulties experienced in caring for the patient, and any knowledge of patient's medical conditions.
7. If abuse is suspected, follow the agency or institution's reporting policy and procedure. If a crime has been committed, notify local law enforcement.

Nursing Interventions

The Nursing Interventions Classification (NIC) is a comprehensive, standardized classification of interventions that nurses perform. The Classification includes the interventions that nurses do on behalf of patients, both independent and collaborative interventions, both direct and indirect care. An intervention is any treatment, based upon clinical judgment and knowledge that a nurse performs to enhance patient/client outcomes. NIC can be used in all settings (from acute care intensive care units to home care to hospice to primary care) and all specialties (from critical care to ambulatory care and long term care) (Dochterman & Bulecheck, 2004).

Refer to the original guideline document for the Nursing Interventions Classification.

Definitions:

Evidence Grading

A. Evidence from well-designed meta-analysis
B. Evidence from well-designed controlled trials, both randomized and nonrandomized, with results that consistently support a specific action (e.g., assessment, intervention, or treatment)
C. Evidence from observational studies (e.g., correlational descriptive studies) or controlled trials with inconsistent results
D. Evidence from expert opinion or multiple case reports

CLINICAL ALGORITHM(S)

An algorithm is provided in the original guideline document for Elder Abuse.

EVIDENCE SUPPORTING THE RECOMMENDATIONS

REFERENCES SUPPORTING THE RECOMMENDATIONS

References open in a new window

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is identified and graded for some recommendations (see "Major Recommendations").

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Reduced incidence of elder abuse and mistreatment

Subgroups Most Likely to Benefit

- Persons with physical, functional, or cognitive impairment
- Persons who have mental illness, alcoholism, or drug abuse problems
- Persons who are socially isolated or have a poor social network
- Persons who are dependent on others
- Persons with a past history of abusive relationships
- Persons with financial or other family problems
- Persons who reside in inadequate housing or unsafe conditions
- Persons who are depressed
- Persons who are in poor health
- Persons whose caregiver is stressed/frustrated with the difficult task of caring for an older person
- Persons whose caregiver has mental illness, alcoholism, or drug abuse problems
- Persons whose caregiver has inadequate financial resources

POTENTIAL HARMS

Not stated

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

This evidence-based practice protocol is a general guideline. Patient care continues to require individualization based on patient needs and requests.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

The "Evaluation of Process and Outcomes" section and the appendices of the original document contain a complete description of implementation strategies.

IMPLEMENTATION TOOLS

Audit Criteria/Indicators
Chart Documentation/Checklists/Forms
Clinical Algorithm
Resources
Staff Training/Competency Material

For information about availability, see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Staying Healthy

IOM DOMAIN

Effectiveness
Safety

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Daly JM. Elder abuse prevention. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Dissemination Core; 2004 Dec. 68 p. [111 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2004 Dec

GUIDELINE DEVELOPER(S)

University of Iowa Gerontological Nursing Interventions Research Center, Research Dissemination Core - Academic Institution

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GUIDELINE COMMITTEE

Not stated

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Author: Jeanette M. Daly, PhD, RN

Series Editors: Deborah Perry Schoenfelder, PhD, RN; Marita G. Titler, PhD, RN, FAAN

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Not available at this time.

Print copies: Available from the University of Iowa Gerontological Nursing Interventions Research Center, Research Dissemination Core, 4118 Westlawn, Iowa City, IA 52242. For more information, please see the University of Iowa Gerontological Nursing Interventions Research Center Web site.

AVAILABILITY OF COMPANION DOCUMENTS

The original guideline document and its appendices include a number of implementation tools, including screening tools, outcome and process indicators, staff competency material, and other forms.

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI on May 20, 2005. The information was verified by the guideline developer on June 6, 2005.

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